

**EXTENDED EDUCATIONAL LEAVE REQUEST - BRIEFING SLIP**

1. VA MEDICAL CENTER

2. DATE OF REQUEST

3. NAME OF REQUESTER, TITLE &amp; GRADE

4. TRAINING SITE AND DATES OF ATTENDANCE

5. PURPOSE OF EDUCATIONAL LEAVE

6. IS VA FORM 10-5503A, EXTENDED LEAVE CHECKLIST, ATTACHED

☐ YES☐ NO

7. IS VA FORM 10-0101b, REQUEST FOR APPROVAL OF ACCEPTANCE OF GIFTS OR DONATIONS FOR TRAVEL/SUBSISTENCE EXPENSES IN CONNECTION WITH OFFICIAL TRAVEL BY VHA FACILITY EMPLOYEES ATTACHED?

☐ YES☐ NO**TO BE COMPLETED BY VACO**

8. SUPPORT RECOMMENDED BY VHA FOREIGN TRAVEL AND EXTENDED LEAVE REVIEW PANEL

9. DATE

10. SOURCE OF SUPPORT

11. REMARKS

12. CONCURRENCE(14)

12A. DATE

13. PANEL CHAIRPERSON SIGNATURE

13A. DATE

14. CONCUR/NONCONCUR WITH PANEL RECOMMENDATION (Item 8)

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UNDERSECRETARY FOR HEALTH\_\_\_\_\_  
DATE